PART B - FEE(S) TRANSMITTAL

Complete and send t	his form, together	applicable fee(s	s), to: <u>Mail</u>	Mail Stop IS. Commissioner to P.O. Box 1450 Alexandria, Virg				
t .			or <u>Fax</u>	(571) 273-2885	,iiiia 22515 1 150	_		
INSTRUCTIONS: This for appropriate. All further conindicated unless corrected maintenance fee notification	rm should be used for transpondence including the below or directed otherwisens.	smitting the ISSUE F Patent, advance orders in Block 1, by (a) spe			ired). Blocks 1 through 5 sh vill be mailed to the current and/or (b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for		
24998 7:	CE ADDRESS (Note: Use Block 1 for 590 09/30/2005		OIPE	Fee(s) Transmittal. The papers. Each additional nave its own certificate.	mailing can only be used for is certificate cannot be used fall paper, such as an assignme of mailing or transmission.	or any other accompanying int or formal drawing, must		
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			& TRADEMARK O	Ý		(Depositor's name)		
01 FC:1501 02 FC:1504 03 FC:8001	1400.00 GP 300.00 GP 15.00 GP		MUEMA			(Signature) (Date)		
APPLICATION NO.	FILING DATE	FIRS	T NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/736,617 TITLE OF INVENTION: N	12/17/2003 ION-VOLATILE RESISTA		Kristy A. Campbe	11	M4065.0698/P698-A	4072		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400		\$300	\$1700	12/30/2005		
EXAM	MINER	ART UNIT	CI	LASS-SUBCLASS]			
YEVSIKOV	, VICTOR V	2891		257-529000				
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicates	de address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us	Correspondence o (() ation form read a Customer 2	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Dickstein Shapiro Mor					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON THE	PATENT (print o	or type)		· · · · · · · · · · · · · · · · · · ·		
					nee is identified below, the d	ocument has been filed for		
(A) NAME OF ASSIGN	EE	(B) RF	ESIDENCE: (CIT	Y and STATE OR CO	UNTRY)			
Micron T	Cechnology, Inc.	:	Bọise, ID					
Please check the appropriate	e assignee category or catego	ories (will not be printed	d on the patent):	☐ Individual ☑ Co	orporation or other private gro	oup entity Government		
4a. The following fee(s) are X Issue Fee	enclosed:		yment of Fee(s): A check in the an	nount of the fee(s) is en	closed.			
	small entity discount permitte		Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of					harge the required fee(s), or (enclose an extra co	credit any overpayment, to opy of this form).		
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.	• •	_	LL ENTITY status. See 37 Cl			
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Iss sublication Fee (if required) vords of the United States Pat	ue Fee and Publication will not be accepted fro ent and Trademark Offi	Fee (if any) or to m anyone other thice.	re-apply any previousl nan the applicant; a regi	y paid issue fee to the applica istered attorney or agent; or th	tion identified above. ne assignee or other party in		
Authorized Signature	Je	2		Date	12/01/05			
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (12-04v2)

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Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/736,617-Conf. #4072 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** FEE TRANSMIT **December 17, 2003** Filing Date Kristy A. Campbell First Named Inventor For FY 2005 **Examiner Name** V. V. Yevsikov Applicant claims small entity status. See 37 CFR 1.27 2825 Art Unit TOTAL AMOUNT OF PAYMENT M4065.0698/P698-A (\$) 1,715.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Money Order None Other (please identify): x Credit Card Dickstein Shapiro Morin & Oshinsky LLP Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 500 200 Utility 300 150 250 100 200 100 100 50 130 65 Design Plant 200 100 300 150 160 80 500 250 600 300 300 Reissue 150 Provisional 200 100 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 360 180 Multiple dependent claims **Multiple Dependent Claims Total Claims Extra Claims** Fee Paid (\$) Fee Paid (\$) 12 Fee (\$) Indep. Claims **Extra Claims** Fee Paid (\$) Fee (\$) 1 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

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Non-English Specification, \$130 fee (no small entity discount)										
1,400.00										
nal 300.00										
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SUBMITTED BY		/					
Signature	Je.			Registration No. (Attorney/Agent)	28,371	Telephone	(202) 828-2232
Name (Print/Type)	Thomas J. D'Am	nico	- ,			Date	December 1, 2005